

NAME OF WASTE (AS NOTED IN SECTION 2.1 OF THE MATERIAL CHARACTERIZATION FORM):

OILY CHARACTERIZATION

GENERATOR INFORMATION

Generator EPA ID#: _____

ACTIVITY PRODUCING WASTE

Specify the activity that produces the waste:

- Routine Shop Maintenance
- Automotive Fleet Vehicle Maintenance
- Spill Cleanup
- Tank Cleaning
- Oil Water Separator Maintenance/Cleaning
- Other: _____

Is the waste generated from multiple sources/waste generators?

- Yes, attach SOP or WAP
- No

TYPE OF OILY WASTE

The waste is contaminated with: *(check all that apply)*

- Virgin Oil: _____
- Used Oil: _____
- Transformer Oil: _____
- Chlorinated Solvents: _____
- Other Solvents: _____
- Absorbent Material(s): _____
- Non-Terne Plated Used Oil Filters
- Filters: _____
- Chemicals Contaminants: _____
- Debris: _____

Is this waste intended for Liquid Direct Injection (LDI)?

Yes No

Does the waste contain any free oil?

Yes No

If yes, will any free oil be absorbed by adding a non-hazardous absorbent?

- Yes, specify absorbent material(s) to be used: _____
- No if intended for LDI, indicate the Total Petroleum Hydrocarbons in the section below*
if not intended for LDI - STOP, waste is unacceptable.

Specify for the oil portion of the waste only.

- Arsenic \leq 5 ppm Yes No
- Cadmium \leq 2 ppm Yes No
- Chromium \leq 10 ppm Yes No
- Lead \leq 27.5 ppm Yes No
- Flashpoint \geq 100 °F Yes No
- Total Halogens \leq 1,000 ppm Yes No
- PCBs $<$ 2 ppm Yes No
- *Total Petroleum Hydrocarbons (TPH) \leq 10% (100,000ppm) Yes No

Attach the analytical data used to determine the on-specification characterization.

NON-HAZARDOUS CERTIFICATION

I certify, as an Authorized Representative of the Generator, that this document, including all completed forms and all pertinent addenda, accurately represent and describe the waste stream outlined. The information submitted is true, accurate and complete, and no available information has been omitted or falsified. I further certify that the material is non-hazardous based upon Federal, State and Local Regulations.

AUTHORIZED REPRESENTATIVE

Name: _____

Title: _____

Signature

Date